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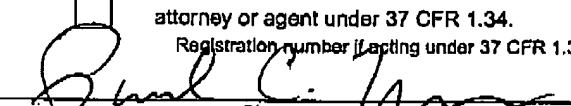
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PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0651-0031  
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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                          | Docket Number (Optional)<br><br>3722-0176P  |
| Application Number  | 10/773,266-Conf. #008567 | Filed February 9, 2004  |
| For MEMORY ACCESS METHOD FOR VIDEO DECODING   |                          |   |
| Art Unit  | 2671                     | Examiner<br>J. Hsu  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                          |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                          |   |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))<br><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))<br><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))<br><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   |                          | <b>Fee</b><br>\$120      \$60      \$ 120.00<br>\$450      \$225      \$<br>\$1020      \$510      \$<br>\$1590      \$795      \$<br>\$2160      \$1080      \$<br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,334</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number (acting under 37 CFR 1.34) _____ |                          |   |
| <br>Signature  |                          | February 28, 2006<br>Date   |
| Joe McKinney Muncy<br>Typed or printed name   |                          | (703) 205-8026<br>Telephone Number  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                          |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                          |   |

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